PTO/SB/22 (12-04) Approved for use through 7/31/2006. OMB 0651-003.

Under the Page ork Reduction (2) of 1995, no persons are required	U.S. Patent and I to respond to a collection	Trademark Office; U.S. DEF of information unless if displa	PARTMENT OF COMMERCE ys a valid OMB control number.
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		2565-	-0198P
Application Number 09/530,719-Conf. #3186		Filed N	May 4, 2000
For A METHOD FOR SPEECH CODING, METHOD FOR SPEECH DECODING AND THEIR APPARATUSES			
Art Unit 2654		Examiner	A. K. Azad
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (chec	ck time period desi	red and enter the app	ropriate fee below):
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$
X Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.			
X A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.			
Deposit Account Number 02-2446 . I have enclosed a duplicate copy of this sheet.			
l am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent of regord. Re	egistration Numbe	r	
attorney or agent under 37 CF Registration number if acting un		40,439	<u> </u>
of VIII			y 8, 2006
Signature		Date	
D. Richard Anderson Typed or printed name		(703) 205-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of 1 forms are submitt	ted.		

02/09/2006 HALI11 00000191 09530719

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PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperv on are required to respond to a collection of information unless it displays a valid OMB control number. MARIEME Complete if Known Effective on 12/08/2004. 09/530,719-Conf. #3186 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL May 4, 2000 Filing Date First Named Inventor Tadashi YAMAURA For FY 2005 A. K. Azad **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2654 Art Unit 2565-0198P **TOTAL AMOUNT OF PAYMENT** Attorney Docket No. 450.00 METHOD OF PAYMENT (check all that apply) x Check Credit Card Money Order None Other (please identify): Birch, Stewart, Kolasch & Birch, LLP Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 200 100 Utility 500 250 Design 200 100 100 50 130 65 300 Plant 200 100 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 Λ n 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims Extra Claims** Fee Paid (\$) Fee Paid (\$) Fee (\$) Indep. Claims Extra Claims Fee Paid (\$) 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification \$\30 100 (no small entity discount) Other (e.g., lase films synthage): 1262 Extension for response within second month 450.00 SUBMITTED BY Registration No. 40,439 (703) 205-8000 Signature Telephone (Attorney/Agent) Date February 8, 2006 Name (Print/Type) D. Richard Anderson